

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

ALAMEDA COUNTY TREASURER

1221 OAK STREET

OAKLAND CA

94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.04099633 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 3,879,119.70 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 3,879,119.70 |
| YTD Amount: | \$ | 24,007,106.91 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00011220 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 10,616.49 |
| County Medical Services Program Offset | \$ | 1,315.00 |
| Net Claim / Payment Amount | \$ | 9,301.49 |
| YTD Amount: | \$ | 57,810.95 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

AMADOR COUNTY TREASURER

810 COURT STREET

JACKSON CA

95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00145396 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 137,575.36 |
| County Medical Services Program Offset | \$ | 62,026.40 |
| Net Claim / Payment Amount | \$ | 75,548.96 |
| YTD Amount: | \$ | 479,273.46 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00938334 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 887,862.38 |
| County Medical Services Program Offset | \$ | 595,059.30 |
| Net Claim / Payment Amount | \$ | 292,803.08 |
| YTD Amount: | \$ | 1,924,446.37 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00149500 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 141,458.61 |
| County Medical Services Program Offset | \$ | 91,395.90 |
| Net Claim / Payment Amount | \$ | 50,062.71 |
| YTD Amount: | \$ | 327,085.75 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00118559 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 112,181.88 |
| County Medical Services Program Offset | \$ | 79,998.80 |
| Net Claim / Payment Amount | \$ | 32,183.08 |
| YTD Amount: | \$ | 214,276.44 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.02081556 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 1,969,592.13 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,969,592.13 |
| YTD Amount: | \$ | 12,189,422.25 |

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 1/16/2013 TO: 2/15/2013

Total amount collected: \$141,135,379.22 Percentage of collection: 0.67042825
Gross monthly apportionment: \$94,621,145.30 County/City Ratio: 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 132,633.30 |
| County Medical Services Program Offset | \$ | 78,135.80 |
| Net Claim / Payment Amount | \$ | 54,497.50 |
| YTD Amount: | \$ | 352,026.68 |

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00542727 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 513,534.50 |
| County Medical Services Program Offset | \$ | 353,528.80 |
| Net Claim / Payment Amount | \$ | 160,005.70 |
| YTD Amount: | \$ | 1,056,987.50 |

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.02542398 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 2,405,646.11 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 2,405,646.11 |
| YTD Amount: | \$ | 14,888,072.45 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00134476 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 127,242.73 |
| County Medical Services Program Offset | \$ | 78,793.30 |
| Net Claim / Payment Amount | \$ | 48,449.43 |
| YTD Amount: | \$ | 314,719.05 |

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PAYMENT ISSUE DATE: 2/27/2013

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00944552 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 893,745.92 |
| County Medical Services Program Offset | \$ | 688,318.20 |
| Net Claim / Payment Amount | \$ | 205,427.72 |
| YTD Amount: | \$ | 1,418,487.16 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00935974 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 885,629.32 |
| County Medical Services Program Offset | \$ | 639,442.20 |
| Net Claim / Payment Amount | \$ | 246,187.12 |
| YTD Amount: | \$ | 1,644,333.15 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00182883 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 173,045.99 |
| County Medical Services Program Offset | \$ | 110,025.70 |
| Net Claim / Payment Amount | \$ | 63,020.29 |
| YTD Amount: | \$ | 410,793.52 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.01731625 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 1,638,483.41 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,638,483.41 |
| YTD Amount: | \$ | 10,140,256.94 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00466499 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 441,406.70 |
| County Medical Services Program Offset | \$ | 283,283.30 |
| Net Claim / Payment Amount | \$ | 158,123.40 |
| YTD Amount: | \$ | 1,032,079.76 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00205165 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 194,129.47 |
| County Medical Services Program Offset | \$ | 102,296.30 |
| Net Claim / Payment Amount | \$ | 91,833.17 |
| YTD Amount: | \$ | 587,650.76 |

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00147004 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 139,096.87 |
| County Medical Services Program Offset | \$ | 68,711.30 |
| Net Claim / Payment Amount | \$ | 70,385.57 |
| YTD Amount: | \$ | 448,573.98 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.32827790 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|-----------------------|
| Gross Claim | \$ | 31,062,030.86 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 31,062,030.86 |
| YTD Amount: | \$ | 192,236,816.12 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00459604 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 434,882.57 |
| County Medical Services Program Offset | \$ | 288,214.70 |
| Net Claim / Payment Amount | \$ | 146,667.87 |
| YTD Amount: | \$ | 962,117.26 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

Total amount collected: \$141,135,379.22 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,621,145.30 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|--|----|--------------|
| Gross Claim | \$ | 1,029,996.58 |
| County Medical Services Program Offset | \$ | 772,590.90 |
| Net Claim / Payment Amount | \$ | 257,405.68 |
| YTD Amount: | \$ | 1,738,901.65 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00078332 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 74,118.64 |
| County Medical Services Program Offset | \$ | 43,506.20 |
| Net Claim / Payment Amount | \$ | 30,612.44 |
| YTD Amount: | \$ | 197,668.51 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00296652 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 280,695.52 |
| County Medical Services Program Offset | \$ | 165,499.90 |
| Net Claim / Payment Amount | \$ | 115,195.62 |
| YTD Amount: | \$ | 744,168.70 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00573510 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 542,661.73 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 542,661.73 |
| YTD Amount: | \$ | 3,358,427.13 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00086396 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 81,748.88 |
| County Medical Services Program Offset | \$ | 46,903.40 |
| Net Claim / Payment Amount | \$ | 34,845.48 |
| YTD Amount: | \$ | 224,508.91 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00123310 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 116,677.33 |
| County Medical Services Program Offset | \$ | 36,930.90 |
| Net Claim / Payment Amount | \$ | 79,746.43 |
| YTD Amount: | \$ | 500,502.85 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00843636 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 798,258.05 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 798,258.05 |
| YTD Amount: | \$ | 4,940,264.14 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00458913 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 434,228.74 |
| County Medical Services Program Offset | \$ | 306,296.70 |
| Net Claim / Payment Amount | \$ | 127,932.04 |
| YTD Amount: | \$ | 849,580.52 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00291055 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 275,399.57 |
| County Medical Services Program Offset | \$ | 186,079.30 |
| Net Claim / Payment Amount | \$ | 89,320.27 |
| YTD Amount: | \$ | 587,923.11 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.05520311 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 5,223,381.49 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 5,223,381.49 |
| YTD Amount: | \$ | 32,326,485.47 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00358832 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 339,530.95 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 339,530.95 |
| YTD Amount: | \$ | 2,101,290.53 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00123396 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 116,758.71 |
| County Medical Services Program Offset | \$ | 90,519.20 |
| Net Claim / Payment Amount | \$ | 26,239.51 |
| YTD Amount: | \$ | 182,322.98 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.03234150 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 3,060,189.77 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 3,060,189.77 |
| YTD Amount: | \$ | 18,938,916.44 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

Total amount collected: \$141,135,379.22 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,621,145.30 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 3,168,477.99 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 3,168,477.99 |
| YTD Amount: | \$ | 19,609,089.54 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

Total amount collected: \$141,135,379.22 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,621,145.30 **County/City Ratio:** 0.00176124
County Medical Services Program Offset Ratio: 0.10000000

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 166,650.55 |
| County Medical Services Program Offset | \$ | 108,601.10 |
| Net Claim / Payment Amount | \$ | 58,049.45 |
| YTD Amount: | \$ | 379,757.61 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.03592458 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 3,399,224.90 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 3,399,224.90 |
| YTD Amount: | \$ | 21,037,140.32 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.06138059 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 5,807,901.72 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 5,807,901.72 |
| YTD Amount: | \$ | 35,943,964.41 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.06260938 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 5,924,171.24 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 5,924,171.24 |
| YTD Amount: | \$ | 36,663,534.46 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.01414137 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 1,338,072.63 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,338,072.63 |
| YTD Amount: | \$ | 8,281,068.64 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00470870 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 445,542.59 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 445,542.59 |
| YTD Amount: | \$ | 2,757,375.78 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

Total amount collected: \$141,135,379.22 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,621,145.30 **County/City Ratio:** 0.01453003
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|--|----|--------------|
| Gross Claim | \$ | 1,374,848.08 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,374,848.08 |
| YTD Amount: | \$ | 8,508,665.41 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00867979 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 821,291.67 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 821,291.67 |
| YTD Amount: | \$ | 5,082,813.26 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

Total amount collected: \$141,135,379.22 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$94,621,145.30 **County/City Ratio:** 0.03493360
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|-----------|----------------------|
| Gross Claim | \$ | 3,305,457.24 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 3,305,457.24 |
| YTD Amount: | \$ | 20,456,827.27 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00588652 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 556,989.26 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 556,989.26 |
| YTD Amount: | \$ | 3,447,097.44 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00804394 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 761,126.82 |
| County Medical Services Program Offset | \$ | 536,101.30 |
| Net Claim / Payment Amount | \$ | 225,025.52 |
| YTD Amount: | \$ | 1,493,852.80 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00028607 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|------------------|
| Gross Claim | \$ | 27,068.27 |
| County Medical Services Program Offset | \$ | 13,588.80 |
| Net Claim / Payment Amount | \$ | 13,479.47 |
| YTD Amount: | \$ | 85,982.52 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00227384 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 215,153.35 |
| County Medical Services Program Offset | \$ | 137,203.40 |
| Net Claim / Payment Amount | \$ | 77,949.95 |
| YTD Amount: | \$ | 508,322.22 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.01146356 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 1,084,695.18 |
| County Medical Services Program Offset | \$ | 687,112.70 |
| Net Claim / Payment Amount | \$ | 397,582.48 |
| YTD Amount: | \$ | 2,590,289.73 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.01854596 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 1,754,839.98 |
| County Medical Services Program Offset | \$ | 1,318,335.90 |
| Net Claim / Payment Amount | \$ | 436,504.08 |
| YTD Amount: | \$ | 2,950,919.35 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.01149563 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 1,087,729.68 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,087,729.68 |
| YTD Amount: | \$ | 6,731,745.86 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00448589 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 424,460.05 |
| County Medical Services Program Offset | \$ | 299,611.80 |
| Net Claim / Payment Amount | \$ | 124,848.25 |
| YTD Amount: | \$ | 829,229.29 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00302136 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 285,884.54 |
| County Medical Services Program Offset | \$ | 191,229.90 |
| Net Claim / Payment Amount | \$ | 94,654.64 |
| YTD Amount: | \$ | 621,905.57 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

TRINITY COUNTY TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00127823 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 120,947.59 |
| County Medical Services Program Offset | \$ | 61,149.70 |
| Net Claim / Payment Amount | \$ | 59,797.89 |
| YTD Amount: | \$ | 381,626.09 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

Total amount collected: \$141,135,379.22 Percentage of collection: 0.67042825
Gross monthly apportionment: \$94,621,145.30 County/City Ratio: 0.01023676
County Medical Services Program Offset Ratio: 0.00000000

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 968,613.96 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 968,613.96 |
| YTD Amount: | \$ | 5,994,562.71 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00234036 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 221,447.54 |
| County Medical Services Program Offset | \$ | 145,532.00 |
| Net Claim / Payment Amount | \$ | 75,915.54 |
| YTD Amount: | \$ | 497,306.82 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.01356889 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 1,283,903.91 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 1,283,903.91 |
| YTD Amount: | \$ | 7,945,829.78 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00373362 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 353,279.40 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 353,279.40 |
| YTD Amount: | \$ | 2,186,377.00 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00366093 |
| | County Medical Services Program Offset Ratio: | 0.10000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 346,401.39 |
| County Medical Services Program Offset | \$ | 239,558.00 |
| Net Claim / Payment Amount | \$ | 106,843.39 |
| YTD Amount: | \$ | 706,463.83 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00123264 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|-------------------|
| Gross Claim | \$ | 116,633.81 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 116,633.81 |
| YTD Amount: | \$ | 721,825.28 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00559312 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 529,227.42 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 529,227.42 |
| YTD Amount: | \$ | 3,275,284.10 |

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200210A
PAYMENT ISSUE DATE: 2/27/2013

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 1/16/2013 TO: 2/15/2013

| | | | |
|-------------------------------------|--|----------------------------------|-------------------|
| Total amount collected: | \$141,135,379.22 | Percentage of collection: | 0.67042825 |
| Gross monthly apportionment: | \$94,621,145.30 | County/City Ratio: | 0.00187637 |
| | County Medical Services Program Offset Ratio: | 0.00000000 | |

| | | |
|---|-----------|---------------------|
| Gross Claim | \$ | 177,544.28 |
| County Medical Services Program Offset | \$ | 0.00 |
| Net Claim / Payment Amount | \$ | 177,544.28 |
| YTD Amount: | \$ | 1,098,786.75 |